MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET 10
(FOR USE WITH FORM PTO-875)

SERIAL NO. **/540771**   FILING DATE   APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/						51						
2	/							52						
3		/						53						
4								54						
5		4						55						
6								56						
7	/							57						
8	/							58						
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11		/						61						
12		4						62						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4	↓		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS	32							TOTAL CLAIMS						